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ABSTRACT

The process of reforming human services involves a true understanding of the meaning of child-centered, family-focused, community-based services, and the creation of the system that these concepts demand. The concept of "child-centered services" acknowledges that children are entitled to have their basic needs met in a manner that guarantees maximum opportunity for personal fulfillment and achievement. In order to visualize a child-centered, family-focused, community-based human service system, one must look at concentric circles in which the child and his or her full potential rest in the middle, surrounded by the family, the neighborhood and community, and the state and country. The system must be integrated at the local level, using an approach that removes categorical restrictions and combines funding from a variety of sources. This approach could bring together various state human service agencies for the purpose of integration, collaboration, and coordination. In this scenario, state agencies would become partners with local community members, facilitating goals concerning well-being and strategies established by the community. State agencies would lend knowledge, skill, and expertise to local community efforts and activities aimed at promoting child and family well-being, and would advocate on behalf of, and in partnership with, local communities at the state and federal level. Exploring these possibilities can help create a human service system worthy of its consumers. (MM)

Is An Integrated "Child-Centered, Family-Focused, Community-Based" Prevention System Possible?

or

Are We Just "Pipe-Dreaming"?

IS AN INTEGRATED "CHILD-CENTERED, FAMILY-FOCUSED, COMMUNITY-BASED" PREVENTION SYSTEM POSSIBLE? OR ARE WE JUST "PIPE-DREAMING?"

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IS AN INTEGRATED, "CHILD-CENTERED, FAMILY-FOCUSED, COMMUNITY-BASED" PREVENTION SYSTEM POSSIBLE? OR ARE WE JUST "PIPE-DREAMING"?

The world of human services today is filled with a multitude of "buzz words". We "buzz" about "child-centered, family-focused, community-based" services, community "ownership," "empowerment", child rights and entitlements, building on strengths, the pitfalls of the deficit approach . . . and for sure we "buzz" about OUTCOMES. But what does all of this "buzzing" really amount to. If we aren't careful, our efforts to "reform" human services may end up looking, acting and sounding like a system that has merely been "recycled". Perhaps we should take a good look at the "buzz" words we've been using . . . to understand them before we try to put together a new system based on them. And once we've arrived at an understanding we can all live with, maybe we should ask ourselves if we are ready, willing and committed to creating the kind of system they would demand. As concepts, they are all sound . . . and, if we take the time to think them through and incorporate them into our models and systems, they will serve us well . . . and hopefully, the consumers of our services even better.

Since all of the current "buzz" concepts are important ingredients to this proposal, I would like to propose some homespun notions about them that may prove useful. Let's start with the idea of *child entitlement*. Given the fact that the plight of America's children might best be described as a national tragedy, along with the recognition that the future spiritual, economic, social and political status of our country rides on our ability to make immediate and dramatic positive changes in the well-being of our youth, it seems only logical that child entitlement be the foundation upon which our efforts rest. If, then, we recognize the need to improve the well-being of our children, we should at least consider supporting the development and implementation of a written national (and state) policy that endorses and institutionalizes the notion that:

All children are entitled, as a birthright, to a culturally sensitive and responsive environment that provides optimal opportunity for each and every child to reach his/her full potential . . . to develop his/her special talents and abilities . . . to experience self-actualization.

As applied to human services, perhaps we could say that all children have the right to expect that their basic needs will be met by the society in which they live in a manner that guarantees maximum opportunity for personal fulfillment and life achievement. Only when the full potential of every one of our children is within reach, does our country have a future worth waiting for. If, then, we are willing to make child entitlement the focal point of our efforts, we can begin to add definition to the term "child-centered." *Child-centered, then, represents an acknowledgement of society's responsibility to assure optimal opportunity for each and every child to reach his/her full potential.*

So then, what do we mean by family-focused? It appears we may be moving ever so slightly away from our traditional view of children as "chattel" . . . the property of their parents. In fact, we are now even talking about parental responsibility for the well-being of their offspring. Realistically, however, today's families are not in a position to assure the health and well-being of their children because of the myriad of neighborhood and community factors that influence how their children ultimately turn out. To hold parents solely responsible serves only to set them up for failure. We must, however, not overlook the *importance* of the family, as the family is the child's most intimate and influential environment . . . the one most essential to his/her ultimate outcome. *Family-focused can then be thought of as a recognition of the importance of families . . . a recognition that there is no "life space" more important to the outcome of a child . . . an awareness of the role of families in creating and maintaining the kind of positive, supportive, opportunity-filled environment that encourages the healthy growth and development of its members.*

Since families have little control over the many external variables that collectively work together to determine how their children turn out, communities must, more than ever before, stand ready to assume their rightful "ownership" of the well-being and life outcomes of their citizens, both individually and collectively. The neighborhood and community, after all, are the child's next most immediate environments and ones that clearly rival the family in terms of influence. It stands to reason then, that communities and parents, in partnership, must share responsibility for the growth, development and preparation of their children. *Community-based can likewise be thought of as an acknowledgement of the responsibility of neighborhoods and communities to create and maintain environments that promote healthy child and family well-being.*

So if we're talking about such laudable things as building on strengths, self-actualization and creating environments that support and encourage both children and families to reach their full potential, why do we have systems built on personal deficits and problems? Good question! Well, for one thing, when state and federal funds began to tighten up in the 1970's and 80's, publicly funded programs had to figure out how to either serve fewer people or provide fewer services in order to make ends meet. The easiest way to get the job done was to do a better job of defining who was eligible and what they were eligible for. BINGO! Categorical services! It is clearly easier to define eligible people by identifying their problems than anything else . . . and, of course, that's what we did. And as things tend to happen, the problem/deficit approach that provided a solution to one problem, created yet another.

With the onset of the problem/deficit mind-set, we began to view people primarily in terms of their personal shortcomings . . . their limitations . . . their individual faults and disabilities. And once we start to think of people *with a problem*, we tend to see them *as a problem*. The result, however convenient for providers, has not been particularly healthy for consumers. For one thing, it perpetuates the myth that those of us on the provider side of human services are somehow superior to the consumers on the other side. It has also led to "deficit-approach practices" like individual and family "assessments" intended to identify problems or disabilities in order to qualify (or disqualify) a potential consumer for a service . . . and child abuse and neglect "risk assessments" based on a presumption of parental failure (would a child safety and well-being assessment be more positive?) . . . and "developmental screenings" administered to spot disabilities and developmental lags. Whole human services agencies have gotten caught up in this approach. In many states, a family's access to child welfare services is contingent upon their failure to pass the test of parental adequacy as administered by the very state agency charged with helping them. That's not exactly a "pick me up" for the consumer. In Illinois we even have a Department of Mental Health and Developmental Disabilities, not a Department of Mental and Developmental Health. At best, anyone who manages to get caught up in our human service system is in for a humbling experience. All too often it is demeaning and degrading . . . it tends to erode rather than enhance self-esteem . . . and it renders our consumers powerless and dependent. "User-friendly" was not coined to describe human services.

Maybe, then, we do need to change. If we want to build a system based on strengths, and are willing to sacrifice the convenience of our current deficit approach, we will have to

reframe much of our thinking and most of our practice. Translated into something concrete, it would mean that we would look for the *potential* of individuals and families . . . not their deficits. We would no longer see a child with Down's Syndrome in terms of his developmental, cognitive and physical limitations . . . we would look instead at what he is ultimately capable of achieving. Only then will we be able to acknowledge his value . . . see his potential for personal fulfillment and life achievement . . . explore his outer limits . . . and help him and his family to explore them too. In human services, of all places, we must value those with whom we share life's dramas in a positive manner that encourages and supports self-actualization.

But if we don't look for problems . . . zero in on personal defects . . . how will we figure out what's needed? If we could forget about problems for a minute and concentrate on strengths (**strengths = potential**), we would be freed up to look for *external barriers* (those outside the individual or family) . . . those factors that limit opportunities for achievement and fulfillment . . . those things like poverty and inadequate housing that are associated with poor outcomes like child neglect and infant mortality. We would also be free to think about *environmental enhancements* that might lead to positive outcomes and well-being. . . things like good quality child care and appropriate and accessible health services. In other words, if we could reframe our approach, we would no longer *need* to look for personal deficits and shortcomings . . . we could look at the environment instead. After all, we can't change a person's inherent potential after the fact . . . but we can offer opportunities that allow him/her to reach that potential, and perhaps to improve the inherent potential of the next generation. So why invest so much energy on what we can't change? Why not work on what we can do something about . . . why not try to remove barriers to achievement and self-fulfillment . . . to enhance environments . . . to increase opportunities.

We must also be constantly mindful of the absolute necessity of according our consumers the dignity they deserve. They should be comfortable in the fact that they can ask for service without being rendered powerless and dependent . . . thus our current concern with the notion of *"empowerment"*. We must remember, however, that we cannot empower our consumers unless we are willing to *share our power* with them. That means that we must give consumers not only visibility and voice, but **INFLUENCE** over their own agendas and outcomes . . . NO LESS!

And now for the "biggie" . . . **OUTCOMES**. Most of us have finally figured out that complying with all kinds of procedures, protocols, rules and regulations matters not a

"hoot" if we never see the end result. And so now we are worrying about outcomes. The question we must ask, however, is "whose outcomes are we worrying about?" Lest we not forget, we are out of business this very day if it were not for our consumers. Yet consumer satisfaction seldom becomes a burden of concern for those of us on the provider side of the system.

Visualizing a "child-centered, family-focused, community-based" system, then, is like looking at concentric circles with the child and his/her full potential resting squarely in the middle. The family, as the child's most influential and immediate environment surrounds the child, protecting him, preparing him for life, and assuring optimal opportunities for life achievement. The next circle, the next most immediate and influential of the child's environments, is that of neighborhood and community. In partnership with the family, neighborhoods and the larger communities within which they are located, share the responsibility for creating and sustaining environments that are free from barriers to the achievement of personal fulfillment . . . environments that support, encourage and offer opportunities for life achievement and positive outcomes . . . environments that assure the well-being of its children and their families. So perhaps we can begin to think of a system made up of concentric, yet interrelated circles, each of which is concerned with the well-being and outcomes of those in the next circle in. Families are concerned with the well-being and ultimate healthy growth and development of their children . . . communities are concerned with the health and well-being of their families and children . . . he state is concerned about the well-being of its citizens in their various rural and urban communities, and . . . the federal government is concerned about the collective social, economic, political and spiritual well-being of the country. And that brings us to the idea of well-being and what a prevention system built upon all of these ideas might look like.

A 'PIPE DREAM' THAT JUST MIGHT WORK

There are some things we know for sure about needed change. We know, for example, that the system must be integrated at the local level. We know that communities have unique characteristics and strengths . . . and that local "ownership" of the barriers, as well as the challenges and successes, depends upon involving a wide variety of both non-traditional and traditional "players". We also have been shown in nearly every human

service area that prevention efforts and dollars are well spent . . . that they *do* improve the present and future well-being of their consumers and increase the likelihood of personal fulfillment and achievement . . . that they *do* reduce the severity of human suffering and loss . . . and that they do so while significantly lowering the ultimate costs associated with care, treatment, and/or dependency. We also know that if we are to improve the public view of human services, we must also increase our accountability for public funds . . . and we must do so by documenting improved child and family *well-being outcomes*, brighter opportunities for our youth, and a greater likelihood that the public social and economic interest will be well served.

Another thing we know about our present system is that most of the negative well-being outcomes we concern ourselves with are the result of a complex mix of environmental influences. For instance, infant mortality, obviously a serious barrier to healthy infants and children, is known to be closely associated with the effects of poverty, inadequate prenatal care, poor housing and nutrition, drug and alcohol use/abuse, domestic and community violence and numerous other factors. Although infant mortality may be primarily the concern of public health departments, public health funds are rarely available to remove barriers like domestic violence or poor housing. Likewise, reducing or eliminating a single barrier like drug and alcohol abuse in a community would have a positive impact on several different, but related well-being outcomes. For instance, if we were successful in eliminating this one barrier we might see the birth of healthier babies, higher scholastic achievement scores, less crime and violence, better job opportunities and a reduction in child abuse and neglect.

Therefore, not only is an integrated approach called for, but one that removes categorical restrictions, pools funding from a variety of sources, and allows local neighborhoods and communities to assume "ownership" of the well-being of *their* children and families. A new approach must acknowledge the unique characteristics and strengths of neighborhoods, the influence of indigenous leadership, and the necessity to incorporate the creativity of local enterprise. State agencies must begin to view themselves as partners with local communities . . . as peers and members of the community, not as "outsiders" and "power brokers." State agencies must be willing to work *in conjunction with* and *empower* communities through a joint process of establishing mutually agreed upon *community* well-being priorities and agendas, as well as strategies to reach the outcomes they have identified. State agencies must *share* responsibility for the outcomes of

community efforts . . . for the well-being of their children and families. State agencies must be ready to take the lead . . . but not take over!

In a new system, we must also begin to think of the "state" without thinking "state agency." The "state" represents the collective interests of its people, and as such must be concerned with and insure that its social, economic, political, environmental and spiritual interests are met. One measure of its success might be the well-being of its people and the well-being of the environment in which they live. Therefore, people well-being and environmental well-being measures would give the state a pretty good indication of how it measures up to its responsibilities. Obviously, if our children are not healthy, are not being protected from harm, are not being educated or prepared for tomorrow's world, then the social, economic, political and spiritual interests of the people are in jeopardy. Likewise, if the air, water and land we call home is contaminated and unsafe, our people will ultimately be unable to prosper no matter what their individual and collective potential might be.

So it would appear that we must find ways for our government agencies to join forces with the other "players" (consumers, corporate partners, taxpayers, and others) in order to create a forum in which the well-being status and concerns of the "state" can be addressed. State agencies can play a significant role in this process as they maintain information systems which contain valuable demographic information . . . a vital resource for assessing the relative well-being of its citizens. They also have broad access to information from other states and from the federal government, as well as research data and findings in their respective fields. Therefore, they are in a position, collectively, to not only profile the well-being status of our children and our families, but to bring to the process information about factors closely associated with positive, as well as negative well-being outcomes. Thus, a "holistic" partnership cou d be forged based on shared "ownership", shared responsibility and shared investment in positive outcomes.

In practical terms, just how might we go about such an approach? Just suppose we were to create a forum as suggested above. Through such a forum, the "state" (i.e. the "people") could then go about the business of determining the well-being of its children and its families. It could, for example, either use existing child well-being scales such as the one developed by The Center for Social Policy to issue its Kids Count Data Book: State Profiles of Child Well-Being or the one used by the Children's Defense Fund's for its Children 1990: A Report Card, Briefing Book and Action Primer . . . or it might develop its

own well-being measures for both children and families. Both the profile for children and the one for families would need to include several broad indicators (i.e. health, education, crime, poverty, housing, employment, safety, etc.), each of which would include a variety of sub-indicators. For instance, to profile child health such factors as infant mortality and morbidity, the incidence of fetal alcohol syndrome/drug exposed infant births, disease and disability, injury from accidental and non-accidental causes, etc. could be used. Aggregate information from local, state and federal data systems, along with other data sources, could be used to provide demographic indicators of well-being. The outcome of such a process would be the development of a statewide look at the well-being of its children and its families . . . a documented and measured profile of the *"state of the child"* and the *"state of the family"*.

Once having profiled the status of our families and children, the "state" could then ask the question "What's wrong with this picture?". . . and begin to come to grips with which areas are of greatest concern . . . which negative consequences are the most devastating . . . which must receive highest priority statewide. A natural next step in the strategic planning process, of course, would be to establish measurable child and family well-being outcome goals for the 1990s . . . to set quantifiable outcome measures of our progress . . . and to agree upon where we want to be by the year 2000. This would, perhaps for the first time, provide mutually agreed upon, statewide human service outcome goals . . . and it would provide a larger framework for the various agencies, with their vested interests and categorical programs to respond to. It would also dictate an integrated, holistic approach that would encourage states to give priority to prevention and early intervention efforts and secure their rightful place in the human service system.

But what about money? Money is always a serious deterrent to any new approach. Well . . . what if a certain percentage of the annual appropriation of each state human service agency were to be "pooled" into a general human services "prevention pot" (perhaps we could call it the "Building Futures Fund" or something like that), the statewide child and family well-being outcomes could be addressed without the encumbrances of categorical restrictions and disciplinary single interest mind-sets (what a mouthful!). In most states, such an approach would involve multiple state agencies since each would ultimately derive benefit from the achievement of the shared well-being outcomes; "stakeholder" agencies might include public health, public aid, medical assistance, aging, child welfare, rehabilitation, children's medical services, corrections, alcoholism and substance abuse, education, employment services, etc. Tax-supported government

agencies, however are not the only "stakeholders" in this scenario . . . corporate America has much to gain or lose as well. Already the pool of qualified applicants for our current jobs is inadequate . . . and it will not improve unless the well-being of our children and families also improves. Therefore, we would be well advised to include the corporate sector in the process as well. They should participate in identifying human service priorities, setting agendas, determining desired outcomes and timetables AND . . . as primary "stakeholders", they should also be encouraged to participate financially by adding to the funding pool (perhaps through a state tax incentive).

If you're still with me, by now in this possible "pipe dream", we have a group representing the interests of the people, the "state", (a people's forum so to speak) which includes state agency types, corporate types, taxpayers, consumers, and the like, who have come up with a "state of the child" and a "state of the family" profile based on measured well-being assessments. They have established statewide well-being priorities, favorable child and family outcome goals, outcome measures and intermediate and target achievement dates. They have established a prioritized, clearly articulated, mutually agreed upon set of child and family outcome goals for *all* of our state human service agencies to address. They have also created a human service funding pool from a combination of state agency designated funds, donated corporate and other funds, and perhaps even some federal government funds (if we could figure out how to get our hands on some of their money.)

Our pooled human service fund would most likely need to be managed independent of any given state agency. For one thing, nobody would let any one player get their hands on the whole pot. The fund should be available to local communities for special programs, projects, initiatives or activities aimed toward removing community barriers, creating community enhancements or providing new opportunities for the achievement of community developed well-being outcome goals. By the very nature of this kind of approach, the fund would be used to support and encourage prevention and early intervention activities at the local level. For maximum local opportunity, funds from the prevention pool should be made available on a statewide competitive basis, be released quarterly and awarded initially on the merits of the proposal (continued funding should be based on strict performance standards related to the achievement of predetermined well-being outcomes goals). Local community agencies, groups, organizations or others should be allowed to apply directly to the fund for tentative approval. If the basic concept has

merit, it could be approved for further development and referred back to the community for completion/refinement and submission for funding.

Now that we have state child and family outcome goals and a pot of pooled funds for prevention and early intervention initiatives, let's go back to the local community and see what could happen. Just suppose we were to take the same child and family well-being measures we used to complete the state well-being assessments, and involved the community in assessing the "state of the child" and the "state of the family" at the local level. The state level process could be replicated in each community, regardless of its size, and could involve a similar mix of "stakeholders" (with considerable consumer representation). Since this would be a new process for most communities, state agencies would need to take the lead in facilitating the process, soliciting participation from a wide variety of community participants (with an emphasis on including rather than excluding potential players), and supporting, perhaps even orchestrating, the initial process. The state agencies, along with the corporate sector, consumers, indigenous leaders and other local participants could take on the responsibility of identifying community (or even neighborhood) outcome goals, designing achievement strategies and timetables, etc. Through this process a community "partnership" could evolve that would assume local "ownership" of both the process and the outcomes of their efforts.

Once having established *local* child and family well-being outcome goals, the community partnerships could undertake a more in-depth look at the community and its local neighborhoods ... and they could look for environmental/community barriers to the well-being outcomes *they* have established. They might define a barrier as something negative that exists . . . like illicit drug trafficking . . . or something positive that is missing . . . such as quality, affordable child or elder care. So communities would be relieved of having to cast their members as problems or failures . . . they would *not* have to identify "target populations". Instead, they would be able to look for community barriers and identify local enhancements that would support their well-being outcomes . . . and, they could talk about "target barriers" and "target enhancements". So "what's the big difference?" we might ask. Perhaps not a great deal in reality, but what we communicate to the consumers of human services about their relative worth and value may well make it worth the effort.

As communities look at their well-being outcome goals, they might discover that there are several different, interrelated barriers to each one. They might also discover that a

single barrier might negatively impact on more than one of their targeted well-being outcomes. Likewise, they might find that the removal of one barrier might lead to an enhancement somewhere else. For instance, a community might find that child neglect (an obvious barrier to well-being) is related to a combination of factors including substandard housing, lack of employment opportunities, lack of appropriate job training and preparation and insufficient child care for working parents. A concerned community group or organization might put together a proposal that would combine building trades job training and a local program to rehab substandard housing. The direct benefit might be lower unemployment, increased family income, freedom from welfare dependency and better housing. Improving the quality of housing might, in turn, result in an increase in the number of licensed day care homes, relieving the drain on child care resources, and improving the financial status of the providers. The composite benefits of the successful implementation of such a proposal should create greater opportunities for favorable child and family outcomes and result in fewer "symptoms" of negative well-being . . . child neglect. Local "partnerships" could support such a proposal by co-sponsoring application for supportive assistance through programs such as VISTA, HUD, etc. The prevention pool might be a primary funding source for a local initiative (proposal) or it might simply allow communities to "work around" bureaucratic barriers resulting from existing, categorical programs and services. In either case, the funding framework should be flexible.

It would seem that this kind of approach might offer some advantages. For one thing, allowing non-traditional community "stakeholders" and other interested parties to apply directly to the prevention pool without having to first garner the "approval" of the local power brokers would allow small, relatively unknown players to get their foot in the door . . . without having to develop the expertise and political savvy necessary to get through local "ports of entry". It makes "start-up" funds available. It offers the advantage of establishing one set of human service well-being outcome goals for the entire state. Local communities, state agencies and others would be able to see how they fit in to the larger scheme of things . . . and identify any discrepancies between their own agendas and priorities and the "state" child and family well-being goals. AND . . . it might allow us to overcome one of our major obstacles. When we attempt to bring together the various state human service agencies for the purpose of integration, collaboration and coordination, each comes to the table with its own vested interests, agendas and categorical restrictions. Melding under such a structure is difficult at best, because none of us can afford to forget who we represent long enough to look at a larger picture (most of us tend to keep clearly in mind where our paycheck comes from).

This kind of approach might also allow us to move closer to actualizing the notion of "empowerment" at the community level. Since state agencies would become local partners (peers) with other "stakeholders" in the community, the power they now hold (along with the local providers they fund) would be shared with a much broader base of local players. Since state agency roles would be redefined through this process, it would be the *community* who would assess the well-being status of its children and families, compare the results with statewide outcome goals and establish priorities, well-being goals and strategies. State agencies could most appropriately facilitate and support this process through activities such as:

- Sharing data and other information needed by local communities in order to complete well-being assessments, set goals, develop strategies and implementation plans and evaluate its progress;

- Lending knowledge, skill and expertise to local community efforts and activities;

- Providing fiscal support of local prevention activities through both existing programs and by direct funding from the prevention pool;

- Setting standards and assuring that basic principles such as consumer and community empowerment, child entitlement, etc. are incorporated into local activities and proposals;

- Ensuring that local communities and state and federal agencies view themselves as *partners* in an overall mission to reach the state's child and family well-being outcome goals;

- Advocating on behalf of and in partnership with local communities at the state and federal level;

- Sharing power and ownership with local communities by ensuring that both human service consumers and other local "stakeholders" have visibility and voice sufficient to result in real INFLUENCE over the development of agendas, the identification of well-being outcome goals, the design of strategies for outcome goal achievement and the

establishment of outcome measures that reflect the interests and desires of both consumers and other "stakeholders";

- Opening doors to innovation and creativity by welcoming the active participation of a variety of new local players and "stakeholders", including human service consumers;

- Developing "crack" teams of super knowledgeable staff who are *real* experts in figuring out how to make their respective systems expand and flex in order to force maximum responsiveness to community efforts to reach their well-being outcome goals;

- Developing "crack" teams who can be available to local groups, organizations and others who need assistance formulating ideas, refining and completing formal proposals/applications, and evaluating outcomes so that even inexperienced potential players with good ideas have equal opportunity to get in the game;

- Creating statewide and national information-sharing networks and making the information easily and readily available at the local level;

- Moving human services toward a more humane, user-friendly system . . . one built upon recognizing the basic worth and value of people;

- Assuring opportunities for healthy growth and development;

- Monitoring performance and outcome goal achievement for consideration of continued funding; and

- TAKING THE LEAD . . . BUT NOT TAKING OVER.

Maybe this is already being done. There are many good and effective models being developed and tried. In some cases, the state legislature has mandated state agency cooperation . . . in others joint or pooled funding has already been implemented. Child well-being measures have been developed by the Children's Defense Fund and the Center for Social Policy just to name two organizations thinking seriously about the well-being of our children. Whatever the reason, whoever the players, however it is approached, one

thing is for sure . . . the time is ripe for change . . . the window of opportunity is open. If we are willing to look seriously and carefully at the meaning behind the "buzz" words and concepts we use, integrate them and give them real meaning and substance, we might be able to create a human service system worthy of our consumers . . . but if we don't, we will have missed the golden chance . . . and laid the golden egg . . . and we will continue to waste the vast human potential that is just waiting for its opportunity.